

DEBBY RANSOM, R.N., R.H.I.T – Chief BUREAU OF FACILITY STANDAROS 3232 Elder Street P.O. Box 83720 Boise, Idaho 83720-0036 PHONE: (208) 334-6626 FAX: (208) 364-1888 E-mail: <u>fsb@dhw.idaho.gov</u>

February 3, 2010

RICHARD M. ARMSTRONG - Director

Merinda Halladay, Administrator Belmont Care Center 3625 Vaughn Street Pocatello, Idaho 83204

RE: Belmont Care Center, Provider #13G046

Dear Ms. Halladay:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Belmont Care Center, on January 26, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. <u>It is important</u> that your Plan of Correction address each deficiency in the following manner:

- 1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
- 2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- 3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
- 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- 5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance

Merinda Halladay, Administrator February 3, 2010 Page 2 of 2

within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **February 16, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY Health Facility Surveyor

Fire Life Safety & Construction Program

TB/li

Enclosure

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

Printed: 02/02/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 02 B. WING 13G046 01/26/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BELMONT CARE CENTER 3625 VAUGHN ST POCATELLO, ID 83204 (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 000 INITIAL COMMENTS K000The facility was built in 1991 and is a one story, Type V(III) structure with a daylight basement that contains offices. Clients sleep on the first story (i.e., ground level). The basement has an exit to finished grade level as well as secondary exiting RECEIVED capability via internal stairwell. Emergency lighting is provided. The facility is fully sprinklered and is licensed for 15 beds. The facility had a FEB 1 2 2010 census of fourteen clients on the day of the survev. FACILITY STANDARDS The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on January 26, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board and Care Occupancies, adopted 11 March, 2003. In accordance with 42 CFR, 483.470. The Survey was conducted by: Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction K0011 483.470(j)(1)(i) LIFE SAFETY CODE K0011 STANDARD The facility is housed in a building where the interior is fully sheathed with lath and plaster or other material providing a 15 minute thermal barrier, including all portions of bearing walls. bearing partitions, floor construction, and roofs. All columns, beams, girders, and trusses are similarly encased or otherwise provide not less than a ½ hour fire resistance rating, 33.2.1.3.2. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE TITIF ministra

(X2) MULTIPLE CONSTRUCTION

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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AND PLAN OF CORRECTION IDENTIFICATIO			ROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING 02		(X3) DATE SURVEY COMPLETED	
		13G046		B. WING		01/20	01/26/2010	
	ROVIDER OR SUPPLIER NT CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE  3625 VAUGHN ST POCATELLO, ID 83204					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEEDED B LSC IDENTIFYING INFORM	Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
K0011	Exception No. 1: Exgirders, and beams basement.  Exception No. 2: Bit (2,2,2), Type II (1,1 (1,1,1) construction.  Exception No. 3: An automatic sprinkler. 33.2.3.5.  Exception No. 4: Utessentially inacces.  Exception No. 5: We-score of three or occupancies evacuation.	xposed steel or woods (but not joists) locate uildings of Type I, Ty, 1), Type III (2,1,1), To (See 8.2.1)  reas protected by appressible loft, attic, or craftless using the board lation capability deter PA 101A, Guide on A	pe II Type IV  proved nce with  and will space.  eves an and care mination	K0011	POC K0011 483.470(j)(1)(i) Life Safety Code Standa The ceiling hole in the may will be covered with a may a 15-minute thermal barri Person Responsible: May Supervisor and Administration Monitor: Monthly the Hand Maintenance will content environmental audit to enceilings have the proper of the Administrator will content environmental audits with the home supervisor.	aintenance closet sterial that provides er.  aintenance, Home rator  Iome Supervisor inplete an isure all walls and covering. Quarterly implete	3/26/10	
	Based on observat facility failed to ens sheathed with lath a providing a 15 minual portions of bearifloor construction, a	ot met as evidenced ion it was determined ure that the interior is and plaster or other rute thermal barrier, in many walls, bearing parand roofs. The facility clients on the day of	I that the s fully material cluding titions, had a	The state of the s		. 40		
	Findings include:			7.7	and the second of the second			
	9:17 AM it was obs maintenance close	our on January 26, 20 served that the ceiling t had an opening foot by two foot in siz	j in the			•		

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

Printed: 02/02/2010 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G046 01/26/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **BELMONT CARE CENTER** 3625 VAUGHN ST POCATELLO, ID 83204 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K0011 Continued From page 2 K0011 of it. The findings were observed and noted by Surveyor and facility Staff. This deficiency affected no clients and one staff in one of two smoke compartments. K0020 483.470(j)(1)(i) LIFE SAFETY CODE K0020 1).. POC K0020 1.00 STANDARD 483.470(j)(1)(i) Life Safety Code Standard Interior stairs are enclosed with ½ hour fire er strade bat 1000 barriers, with all openings equipped with The doors will be adjusted to fit within the smoke-actuated automatic closing or self-closing frame allowing them to close properly. The It Sow 3 doors having a fire protection rating comparable . . . upstairs door will have the arm to the self to that required for the enclosure. Stairs comply closing mechanism will be moved forward with 7.2.2.5.3. The entire primary means of so it is not stopping the door from closing. escape is arranged so that it is not necessary for the occupants to pass from all spaces on that Person Responsible: Maintenance, Home story by construction having not less than a 1/2 Supervisor and Administrator hour fire resistance rating. In buildings of construction other than Type II (000), Type III Monitor: Maintenance will complete a bi-(200), or Type V (000), the supporting monthly Fire Life Safety checklist of the construction is protected to afford the required facility to ensure the doors remain selffire resistance rating of the supported wall. 2/11/10 closing and all fire doors are closing 33.2.2.4. properly. Adjustments will be made to the doors as needed to ensure they are closing. Exception No. 1: Stairs that connect a story at Monthly the Fire Life Safety checklists will street level to only one other story are permitted be discussed in Safety Meetings to ensure to be open to the story that is not at street level. compliance with all rules and regulations. Exception No. 2: Stair enclosures are not Quarterly the Administrator will complete required in buildings of three or fewer stories that environmental audits with maintenance and house prompt or slow evacuation capability the home supervisor. facilities protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick response or residential sprinklers. This exception is permitted only if a primary means of escape from each sleeping area still exists that does not pass through a portion of a lower floor, unless that route is

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NAME OF PROVIDER OR SUPPLIER  BELMONT CARE CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  3625 VAUGHN ST POCATTELLO, ID 83204   CALL ID REGULATORY OR LSC IDENTIFYING INFORMATION)  FREETY TAG  KROUZO Continued From page 3 separated from all spaces on that floor by construction having a ½ hour fire resistance rating.  Exception No. 3: Stair enclosures are not required in buildings of two or fewer stories that house prompt evacuation capability facilities with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.35 that sues quick-response or residential sprinklers.  Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that see permitted to be open at the top most story only. The entire primary means of escape of which the stairs are a part is separated from all portions of lower stairs.  IMPRACTICAL  Vertical openings are protected so as not to expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are considered protected if separated by smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are considered protected if separated from the stains are a government of the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are considered protectors or openings to the vertical opening are consorted to the passage of smoke from one story to any primary means of escape or one of the vertical opening are considered protectors or openings to the vertical opening are consorted to the vertical opening are consorted to the	AND PLAN OF CORRECTION IDENTIFICATION N		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE CONSTRUCTION  A. BUILDING 02		(X3) DATE SURVEY COMPLETED  01/26/2010	
SACE VAUGHN ST POCATELLO, ID 83204   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY PILL TAG (EACH DEFICIENCY MUST BE PRECEEDED BY PILL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)   Summary of the property of the prope			}	B. WING				
Continued From page 3   Separated from all spaces on that floor by construction having a ½ hour fire resistance rating.	BELMONT CARE CENTER 3625 VA			AUGHN ST				
separated from all spaces on that floor by construction having a % hour fire resistance rating.  Exception No. 3: Stair enclosures are not required in buildings of two or fewer stories that house prompt evacuation capability facilities with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick-response or residential sprinklers.  Exception No. 2 to 33.2.2.3 is not used in conjunction with this exception. The exceptions to 33.2.3.4.3 are not used in conjunction with this exception.  Exception No. 4: In buildings of three or fewer stories that house prompt or slow evacuation capability facilities protected by an approved automatic sprinkler system in accordance with 33.2.3.5, stairs are permitted to be open at the top most story only. The entire primary means of escape of which the stairs are a part is separated from all portions of lower stairs.  IMPRACTICAL  Vertical openings are protected so as not to expose a primary means of escape. Vertical openings are considered protected if separated by smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes. 32.3.1.1,	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEEDED B	Y FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	TION SHOULD BE THE APPROPRIATE	COMPLETION
33.2.3.1.1  Exception: Stairs are permitted to be open where complying with Exception. No. 2 or Exception. No.	K0020	separated from all construction having rating.  Exception No. 3: Si required in building house prompt evad not more than eigh by an approved aut accordance with 33 quick-response or Exception No. 2 to conjunction with thi 33.2.3.4.3 are not understood the exception.  Exception No. 4: In stories that house properly facilities properly automatic sprinkler 33.2.3.5, stairs are top most story only escape of which the from all portions of IMPRACTICAL Vertical openings are consiby smoke partitions prevent the passage any primary means Smoke partitions have properly many means Smoke partitions by the vertical opening for not less than ½ house the vertical opening for not less than 20 33.2.3.1.1  Exception: Stairs are staired as the staired are staired as the staired a	spaces on that floor in a ½ hour fire resistant air enclosures are not soft two or fewer stocuation capability facility tresidents and are promatic sprinkler systant. See a seception. The excused in conjunction with the seception of the entire primary in a stairs are a part is allower stairs.  The entire primary is estairs are a part is allower stairs.  The entire primary is estairs are a part is allower stairs.  The entire primary is estairs are a part is allower stairs.  The entire primary is estairs are a part is allower stairs.  The entire primary is estairs are a part is allower stairs.  The entire primary is estairs are a part is allower stairs.  The entire primary is estairs are a part is allower stairs.  The entire primary is allower stairs.	ot ries that lities with rotected tem in ceptions to with this fewer uation oved ce with a at the means of separated separated sectory. rating of nings to sting fire	K0020			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING 13G046 01/26/2010 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **BELMONT CARE CENTER** 3625 VAUGHN ST POCATELLO, ID 83204 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K0020 Continued From page 4 K0020 3 to 32.2.2.4 and 33.2.2.4. This Standard is not met as evidenced by: Based on observation it was determined that both the upper and lower stairwell doors would not self close when released from the open position. The facility had a census of fourteen clients on the day of the survey. Findings include: During the facility tour on January 26, 2010 at 9:05 AM, it was observed that neither the upper or lower doors to the stairwell would self close. The findings were observed and noted by Surveyor and facility Staff. This deficiency affected all clients and all staff present on the day of the survey. K0021 483.470(j)(1)(i) LIFE SAFETY CODE K0021 STANDARD Vertical openings are protected so as not to expose a primary means of escape. Vertical opening are considered protected if separated by smoke partitions in accordance with 8.2.4 that prevent the passage of smoke from one story to any primary means of escape on another story. Smoke partitions have a fire resistance rating of not less than ½ hour. Any doors or openings to the vertical opening are capable of resisting fire for not less than 20 minutes. 33.2.3.1.1 Exception: Stairs are permitted to be open where

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(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING \_ 13G046 01/26/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **BELMONT CARE CENTER** 3625 VAUGHN ST POCATELLO, ID 83204 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETION (EACH DEFICIENCY MUST BE PRECEEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K0021 Continued From page 5 K0021 POC K0021 complying with Exception no. 2 or Exception No. 483.470(j)(1)(i) 3 to 32.2.2.4, 33.2.2.4. Life Safety Code Standard New self-closing hinges will be purchased and installed on both dumbwaiter doors. The set pins will be covered to ensure staff are not loosening or removing the pins. This Standard is not met as evidenced by: 02000 Based on observation it was determined that A memo will be sent out to the staff both the upper and lower dumbwaiter shaft doors informing them of the regulatory would not self close when released from the requirements for the self-closing doors and the importance of not removing or loosing open position. The facility had a census of fourteen clients on the day of the survey. the pins. Findings include: Person Responsible: Maintenance, Home Supervisor and Administrator S. 1. 196. 1 . 15. During the facility tour on January 26, 2010 at 9:07 AM, it was observed that neither the upper Monitor: Maintenance will complete a bior lower doors to the dumbwaiter shaft would self monthly Fire Life Safety checklist of the close. The findings were observed and noted by facility to ensure there are no vertical openings between floors. Monthly the Fire Surveyor and facility Staff. This deficiency affected all clients and all staff present on the day Life Safety checklists will be discussed in of the survey. Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Actual NFPA Standard Administrator will complete environmental audits with maintenance and the home 2000 NFPA 101 supervisor. 8.2.4.3.5 Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. K0046 483.470(j)(1)(i) LIFE SAFETY CODE K0046 STANDARD Utilities comply with Section 9.1. 33.2.5.1

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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(X3) DATE SURVEY

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

13G046

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

02

B. WING

01/26/2010

NAME OF PROVIDER OR SUPPLIER

**BELMONT CARE CENTER** 

STREET ADDRESS, CITY, STATE, ZIP CODE

3625 VAUGHN ST POCATELLO, ID 83204

	FOCA	ELLO, ID	03204	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0046	Continued From page 7 structure 2. Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors 3. Where run through doorways, windows, or similar openings 4. Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. 5. Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors 6. Where installed in raceways, except as otherwise permitted in this Code	K0046		
K0152	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD  (1) The facility holds evacuation drills at least quarterly for each shift of personnel and under varied conditions to - (i) Ensure that all personnel on all shifts are trained to perform assigned tasks; (ii) Ensure that all personnel on all shifts are familiar with the use of the facility's emergency and disaster plans and procedures.  (2) The facility must - (i) Actually evacuate clients during at least one drill each year on each shift; (ii) Make special provisions for the evacuation of clients with physical disabilities: (iii) File a report and evaluation on each drill: (iv) Investigate all problems with evacuation drills, including accidents and take corrective action: and (v) During fire drills, clients may be evacuated to	K0152		

(X1) PROVIDER/SUPPLIER/CLIA

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PRINTED: 02/02/2010 FORM APPROVED Bureau of Facility Standards STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 02 B. WING 13G046 01/26/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3625 VAUGHN ST BELMONT CARE CENTER POCATELLO, ID 83204 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) M 000 16.03.11 Inital Comments M 000 The facility was built in 1991 and is a one story, Type V(III) structure with a daylight basement that contains offices. Clients sleep on the first RECEIVED story (i.e., ground level). The basement has an exit to finished grade level as well as secondary exiting capability via internal stairwell. Emergency lighting is provided. The facility is FEB 1 2 2010 fully sprinklered and is licensed for 15 beds. The facility had a census of fourteen clients on the day of the survey. FACILITY STANDARDS The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on January 26, 2010. The facility was surveyed under the LIFE SAFETY CODE, 1976 Edition, "Lodging and Rooming Houses " contained in Chapter 11, " Lodging and Rooming House Occupancies " and **POC MM 327** applicable provisions of Chapters 01 through 07. 16.03.11.110.02(h) Chapter 17 and Appendices A and B of the Life **Emergency Electrical Service** Safety Code, Impractical Evacuation Capability in accordance with IDAPA 16.03.11. All emergency lighting units in the hallways, stairwells and entrances will be inspected and repaired by Fire Services of The Survey was conducted by: America. Bi-monthly facility inspections and testing of the lights will be completed. Taylor Barkley Health Facility Surveyor At least one of these inspections will be Facility Fire Safety and Construction documented and discussed in the monthly Safety Meeting. MM327 16.03.11.110.02(h) Emergency Electrical Service MM327 Person Responsible: Maintenance, Home Supervisor, and Administrator Each facility must provide emergency electrical service for at least the exit passageway lighting. Monitor: Home Supervisors will complete hall lighting, and the fire alarm system.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Based on observation, it was determined that the facility had not ensured that all emergency electrical lighting was maintained in working order. The facility had a census of fourteen

This Rule is not met as evidenced by:

a bi-monthly Fire Life Safety checklist of

the facility to ensure the emergency lighting

(X6) DATE

If continuation sheet 1 of

STATE FORM

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Bureau of Facility Standards

NAME OF PROVIDER OR SUPPLIER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

A. BUILDING

(X3) DATE SURVEY COMPLETED

01/26/2010

13G046

B. WING \_ STREET ADDRESS, CITY, STATE, ZIP CODE

# 3625 VAUGHN ST

BELMONT CARE CENTER		3625 VAUGHN ST POCATELLO, ID 83204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM/	FULL PREFI		
MM327	Continued From Page 1  clients on the day of the survey.  The findings include:  1. Observation on January 26, 2010 at a disclosed that the two emergency lighting on the lower level were not functioning a pressing of the test button. Findings we witnessed and noted by Surveyor and fa Administrator. This deficiency affected and five staff in one of two smoke compartments.  2. Observation on January 26, 2010 at a disclosed that the emergency lighting unhall on the upper level was not functioning pressing of the test button. Findings we witnessed and noted by Surveyor and fa Staff. This deficiency affected fourteen and five staff in one of two smoke compartments.	ng units upon re acility no clients 9:08 AM, nit in the ing upon re acility	is functioning properly. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Administrator or Program Director will complete environmental audits with maintenance and the home supervisor.	
MM335	A diagram of the building showing emer protection equipment, evacuation routed exits must be conspicuously posted through the facility. An outline of emergency insimust be posted with the diagram. This Rule is not met as evidenced by:  Based on observation it was determined facility failed to ensure that a diagram of the location of emergency equipment are evacuation routes were posted in the facility had a census of fourteen clients day of the survey.  Findings include:  During the facility tour on January 26, 2	rgency s, and bughout tructions  d that the isplaying nd cility. The on the	POC MM 335 16.03.11.110.04(a) Diagram of Building  Evacuation routes and instructions will be posted in the facility to ensure everyone is aware of the proper procedures.  Person Responsible: Maintenance, Home Supervisor, and Administrator  Monitor: Home Supervisors will ensure the diagrams and instructions remain posted. Monthly the Fire Life Safety checklists will be discussed in Safety Meetings to ensure compliance with all rules and regulations. Quarterly the Administrator or Program	

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If continuation sheet 3 of 3

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION ANO PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 13G046 01/26/2010 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3625 VAUGHN ST **BELMONT CARE CENTER** POCATELLO, ID 83204 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Director will complete environmental audits MM335 Continued From Page 2 MM335 with maintenance and the home supervisor. 9:11 AM revealed that the facility did not have a plan posted. Observations were witnessed and noted by both Surveyor and facility Administrator. This deficiency affected all clients and all staff present on the day of the survey.

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